



# FORT LORAMIE LOCAL SCHOOLS

*"A Great Place to Learn and a Great Place to Live"*

## College Credit Plus Student Intent to Participate

Student Name: \_\_\_\_\_

Grade in 19/20: \_\_\_\_\_

Date: \_\_\_\_\_

*\* No later than April 1, unless special permission is received from the Superintendent*

### To be completed by student and parent:

Please check below what applies to you at this time (to the best of your knowledge):

\_\_\_\_ I would like to participate in the **College Credit Plus** program.

\_\_\_\_ I would like to take college courses offered at FLHS by FLHS teachers.

\_\_\_\_ I would like to take college courses at a college campus. Intended college/university: \_\_\_\_\_

\_\_\_\_ I attended one of the College Credit Plus meetings or have met with Mrs. Francis regarding the CCP program on \_\_\_\_\_.

This is to serve as notification that this student intends to participate in the College Credit Plus Program. We understand that it is our responsibility to notify Fort Loramie High School if he/she does not gain College Credit Plus admission or fails to participate for some other reason.

We have participated in the Fort Loramie Jr/Sr High School College Credit Plus counseling program for students who wish to enroll in CCP. We understand the rules, responsibilities, and potential costs of being a part of the College Credit Plus Program.

We understand the potential positive and negative consequences that could result from such participation and take full responsibility for the decision. We agree to release the District from any liability or responsibility related to participation in the program.

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date

**Return this form to Mrs. Francis by April 1, 2019**

**FORT LORAMIE LOCAL SCHOOLS  
Fort Loramie, Ohio 45845**

Daniel B. Holland  
Superintendent  
575 Greenback Road, PO Box 26  
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Janet Kemper - Treasurer  
Mitch Westerheide - Athletic Director



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## Transcript Release Form

I grant Fort Loramie High School permission to release my transcript and test scores to any college, university, and/or scholarship committee needing it to process my application. I will notify the counselor 1 to 2 weeks in advance of the needed release date.

Student Name (please print) \_\_\_\_\_

Graduation Year \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

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